



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 7:29 pm, Dec 05, 2015

RT #3

Complete this report at the time of the regular monthly preventive maintenance (or at the time of the regular monthly preventive days). Complete this report whenever the instrument is serviced into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12945 NAME OF AGENCY St. Joseph Police DATE OF INSPECTION 12/03/2015

LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street St. Joseph TIME OF INSPECTION 20:53 CST

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

☒ BLANK CHECK ☒ CO2 CHECK  
☒ FC 1 TEMP ☒ FLOW CHECK  
☒ SRC TEMP ☒ FCB CHECK  
☒ DET TEMP ☒ CRC COMP CHECK  
☒ BT TEMP ☒ CRC CAL CHECK  
☒ STD 2 TEMP ☒ PRINT TEST  
☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE  
☒ STANDARD SUPPLIER INTOXIMETERS LOT# AG509101 EXP. DATE 04/01/2017  
☐ SIMULATOR TEMP (34°C  $\pm$  0.2°C) SIMULATOR S/N SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.099 g/210L TEST 2 0.098 g/210L TEST 3 0.098 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 2 0-.04 1 .05-.09 2 .10-.14 7 .15-.19 3 OVER .19 1

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

DEC MAIN

INSPECTING OFFICER

SIGNATURE PRINT FULL NAME WAYNE BYROM  
TYPE II PERMIT NUMBER 250124 EXPIRATION DATE 06/08/2017 TELEPHONE NUMBER (816) 271-5359

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,  
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 1-Apr-2015

**Lot #** AG509101

**Exp. Date**

1-Apr-2017

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100  $\pm$  2% BrAC (272 ppm)  
Balance

**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2015.04.01 17:02:55 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Analyst:**

  
Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**